

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	6-H		10-12-01
<b>O.I.P.E. CLASSIFIER</b>		49	10/22/01
<b>FORMALITY REVIEW</b>	TW	1061	11/08/01
<b>RESPONSE FORMALITY REVIEW</b>	7A	1113	01-02-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5/15/01
2	5/15/01
3	5/15/01
4	5/15/01
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8	5/15/01
9	5/15/01
10	5/15/01
11	5/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
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11/08/01

10829/12/21